

**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

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CONNECTICUT DEPT OF
HEALTH CARE

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Gaylord Hospital, Inc	
Doing Business As		
Name of Parent Corporation	Gaylord Hospital, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Gaylord Farm Rd P.O. Box 400 Wallingford, CT 06402	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Not For Profit	
Name of Contact person, including title	Ms. Jacqueline Epright Director of Business Development Support	
Contact person's street mailing address	Gaylord Farms Rd P.O. Box 400 Wallingford, CT 06402	
Contact person's phone, fax and e-mail address	203-284-2725 jepright@gaylord.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Gaylord Sleep Medicine Relocation and Expansion - Trumbull
- b. Location of proposal (Town including street address):
180 Hawley Lane, Trumbull, Connecticut (within the Trumbull Marriot Hotel)
- c. List all the municipalities this project is intended to serve:
The same municipalities served by the lab when it was located in Fairfield including: Bridgeport, Fairfield, Stratford, Trumbull, Shelton, Milford, Monroe and other surrounding communities on a lesser scale.
- d. Estimated starting date for the project:
Began servicing patients in new Trumbull location on May 23, 2006.
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

- ☐ ☐ Acute Care Hospital
☐ ☐ Behavioral Health Provider
☐ ☐ Hospital Affiliate

E P

- ☐ ☐ Imaging Center
☐ ☐ Ambulatory Surgery Center
☒ ☐ Other (specify): Long-Term Chronic Disease Hospital

E P

- ☐ ☐ Cancer Center
☐ ☐ Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ 119,295
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$43,548
Medical Equipment (Purchase)	50,770
Imaging Equipment (Purchase)	0
Non-Medical Equipment (Purchase)	24,976
Sales Tax	0
Delivery & Installation	0
Total Capital Expenditure	\$119,295
Fair Market Value of Leased Equipment	0
Total Capital Cost	\$119,295

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Not Applicable				

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SEE ATTACHMENT A IN RESPONSE TO SECTION IV.

SECTION V. AFFIDAVIT

Applicant: Gaylord Hospital, Inc.

Project Title: Gaylord Sleep Medicine Relocation and Expansion - Trumbull

I, James J. Cullen, CEO
(Name) (Position – CEO or CFO)

Of Gaylord Hospital, Inc. being duly sworn, depose and state that the
Information provided in this CON Determination form is true and accurate to the best of my
Knowledge and that Gaylord Hospital, Inc. complies with the appropriate
(Facility Name)

And applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.

James J. Cullen 7/21/06
Signature Date

Subscribed and sworn to before me on July 21, 2006

Mark V. Cullen
Notary Public/Commissioner of Superior Court

My commission expires: March 31, 2011

ATTACHMENT A

GAYLORD HOSPITAL, INC. GAYLORD SLEEP MEDICINE RELOCATION AND EXPANSION – TRUMBULL PROJECT DESCRIPTION

Introduction

In this letter, Gaylord Hospital, Inc. is describing the re-location of its Fairfield Sleep Medicine Lab to a new Trumbull location. In addition, this move increased the number of sleep lab beds from 3 to 6.

Proposed Sleep Lab Expansion

Gaylord Sleep Medicine is the state's largest provider of sleep medicine services, with accredited centers located in easy to access locations throughout the state. Unlike other sleep centers, Gaylord Sleep Medicine has more physicians trained in more medical specialties, including neurology, pulmonology, internal medicine, critical care, pediatrics, psychiatry and gerontology, than any other sleep program in the state. In addition, our physicians are also Board-certified in sleep medicine, so patients receive the medical expertise needed to help diagnosis and effectively treat sleep disorders. All of Gaylord's Sleep Centers have received accreditation from the American Academy of Sleep Medicine (AASM), one of a limited number of accredited programs in the state. Accreditation by the AASM is the gold standard in sleep medicine. Accreditation ensures that your patient will receive the highest quality care from specially trained physicians and staff who adhere to strict evidence-based practice parameters established by the AASM.

According to *IndustryReports* and research conducted by the marketing staff, the demand for sleep disorders affect approximately 39 million Americans (25% of the population), yet less than 15% are diagnosed and treated. A study conducted by Ronald et al, SLEEP 1999, concluded that by the time patients are finally diagnosed for sleep apnea, they have already been heavy users of health services for several years – data suggests that after diagnosis, yearly claims are halved (from \$3,872 per patient to \$1,969 per patient). According to the American Academy of Sleep medicine, the number of sleep labs in the US rose from 164 in 1990 to 417 in 1998 and, as of 2002, there were an estimated 1,300 sleep labs. Additionally, membership in the AASM has more than doubled since 1993, from 2,200 to nearly 4,900 today. Gaylord Sleep Medicine has experienced a growth in demand at its Fairfield location resulting in a waiting list of approximately 3 weeks for sleep studies despite operating 7 nights per week and 3 months for physician consults. In order to meet patient need, Gaylord Sleep Medicine decided to expand the number of available sleep lab beds at its new location in Trumbull.

Conclusion

This proposal will have no adverse affect on the delivery of care as well as no impact on rates or patient charges. We respectfully request a determination by the Office of Health Care access to waive the CON process on the relocation and expansion of the Gaylord Sleep Medicine Lab into Trumbull.

Supplemental Information:

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Gaylord Hospital, Inc. is licensed as a Chronic Disease Hospital in the State of Connecticut. Gaylord Sleep Medicine offers accredited sleep facilities located across Connecticut to help diagnose sleep resulting from respiratory and neurological causes, such as: sleep apnea, insomnia, narcolepsy and hypertension.

A copy of the Department of Public Health license held by Gaylord Hospital, Inc is presented in **Attachment B**

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to expand its number of sleep labs beds in order to better meet the current and future demand of patients.

No new DPH licensure categories are being sought.

- 3. Will you be charging a facility fee?**

There will be no change in the way Gaylord Sleep Medicine charges for its sleep lab services as a result of this proposal.

- 4. Who is the current population served and who is the target population to be served?**

The current and targeted population utilizing this service is from the Fairfield sleep lab market (please see Section II question 3 for town detail). The proposal is intended to better serve these patients by provided more capacity in a convenient location in Trumbull.

- 5. Who will be responsible for providing the service?**

Gaylord Hospital, Inc. will be responsible for providing this service.

- 6. Who are the payers of this service?**

Gaylord Hospital contracts with all governmental and 3rd party payers that operate in Connecticut. Payer mix is not expected to be impacted by the relocation and expansion.

Supplemental Questions per July 6, 2006 Request by Karen Roberts

- 1. Is this service a satellite of Gaylord Hospital and Appears as a satellite on its hospital license?**

The Gaylord Sleep Medicine locations are satellites of Gaylord Hospital. Per correspondence from Wendy Furniss, R.N.C., M.S., Department of Public Health (DPH), it was noted that "separate State licensure is not required for sleep study centers. Such activities, while not separately listed on the license of Gaylord Hospital, are viewed by the Department as subsumed within the general operations of a hospital licensed in Connecticut." See **Attachment C** for copy of referred letter.

Upon completion of our yearly license renewal, we provide a listing of all Gaylord Hospital locations to DPH. In addition, we notify DPH of interim changes in locations, including a correspondence dated July 13, 2006 notifying DPH of the relocation and expansion of Gaylord Sleep Medicine services to Trumbull.

- 2. Are these services billed for under Gaylord Hospital's provider number? If not, what person or entity bills for these services?**

All Gaylord Sleep Medicine services are billed under Gaylord Hospital's provider number.

- 3. What entity manages these services?**

Gaylord Hospital manages all Gaylord Sleep Medicine services.

ATTACHMENT B

(HOLD FOR COPY OF LICENSE)

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 02CD

Chronic Disease Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

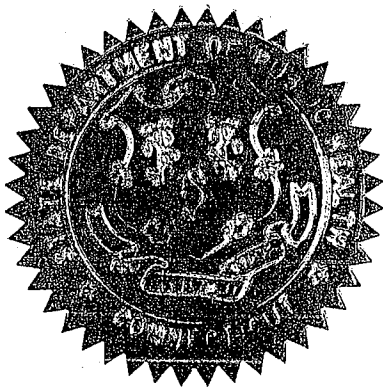
Gaylord Hospital, Inc. of Wallingford, CT, d/b/a Gaylord Hospital is hereby licensed to maintain and operate a Chronic Disease Hospital.

Gaylord Hospital is located at Gaylord Farm Road, Wallingford, CT 06492

The maximum number of beds shall not exceed at any time:
109 Licensed Bed

This license expires **March 31, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2006. RENEWAL.

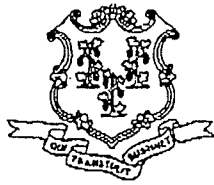


J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

ATTACHMENT C

(HOLD FOR COPY OF LETTER FROM DPH)



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 3, 2001

John D. Newman
Reid and Riege, P.C.
Counsellors at Law
One State Street
Hartford, CT 06103-3185

Dear Mr. Newman:

This letter confirms your understanding of the fact that separate State licensure is not required for three sleep study centers noted in your April 27, 2001 letter. Such activities, while not separately listed on the license of Gaylord Hospital, are viewed by the Department as subsumed within the general operations of a hospital licensed in Connecticut.

If you have any further questions or concerns, please feel free to contact me at (860) 509-7407.

Sincerely,

A handwritten signature in cursive script that reads "Wendy H. Furniss".

Wendy H. Furniss, R.N.C., M.S.
Public Health Services Manager
Division of Health Systems Regulation

WHF/jm

A rectangular stamp with the word "RECEIVED" in a bold, sans-serif font, slanted upwards to the right.

MAY 07 2001

REID & RIEGE

Phone:

Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134
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